

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10511 765
APPLICANT(S)

FILING DATE

10/19/04

CLAIMS

AS FILED	AFTER		AFTER			
	1st AMENDMENT	IND.	DEP.	2nd AMENDMENT	IND.	DEP.
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49		/				
50		/				
TOTAL IND.		1				
TOTAL DEP.		27				
TOTAL CLAIMS		28				

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